

**Thank you for taking the time to complete the UBC Employment Equity Survey.**

**Everyone benefits from a fair and equitable workplace - count yourself in!**

**Instructions:**

1. Fill in your name, department and/or employee number
2. Review the content of the survey and answer the relevant questions
3. Place the completed survey in the envelope and seal it

**1 Employees MUST complete this section**

**Fill in your name, department and/or employee number**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Department: \_\_\_\_\_

Employee Number: \_\_\_\_\_

**If you do not wish to participate in the survey please complete section 1 and indicate below:**

*I have reviewed the content of the Employment Equity Survey and have chosen not to participate.*

**Why should I complete the census?**

- Your answers provide valuable data on who works at UBC
- Compliance with the Federal Contractors Program requires a periodic census of all employees. UBC must collect this data from its employees to follow federal employment equity regulations

**About the survey**

- The survey takes only a few minutes to complete
- **Completing the census is mandatory,** although answering all the questions is not
- You may change or update the information provided anytime

**Confidentiality**

- Information you provide is collected under the authority of section 26(a) and (c) of the Freedom of Information and Protection of Privacy Act, and will be treated in strictest confidence
- Surveys will not be shared with supervisors or managers
- Paper surveys are to be returned in a sealed envelope to the Equity and Inclusion Office for entry
- Responses to this survey will be analyzed only in summary or aggregate form, and will be kept separately from employee records
- Questions about the collection and use of the information may be forwarded to the AVP, Equity & Inclusion in the Equity and Inclusion Office



# **U Count at UBC**

## **Employment Equity Survey**



**Equity and Inclusion Office**

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# PERSONAL AND CONFIDENTIAL

Review the questions below and answer those which are appropriate

## Membership in Designated Groups

### 1. Sex

For the purpose of employment equity, do you consider yourself female or male?

Female Male

### 2. Aboriginal Persons

According to the definition used by the Federal Contractors Program, Aboriginal peoples are those who identify as First Nations (Status, non-Status, Treaty), Métis, Inuit, or North American Indian.

For the purpose of employment equity, do you consider yourself an Aboriginal person?

No Yes

### 3. Visible Minorities

According to the definition used by the Federal Contractors Program, members of visible minorities are persons in Canada (other than Aboriginal peoples, defined above) who are non-white, regardless of place of birth or citizenship.

For the purpose of employment equity, do you self-identify as a "visible minority"?

No Yes

### 4. Persons with Disabilities

According to the definition used by the Federal Contractors Program, persons with disabilities are persons who have a long-term or recurring physical, mental, sensory, psychiatric or learning impairment(s) and who consider themselves to be disadvantaged in employment by reason of that impairment, or believe that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment. This also includes persons with disabilities who have been accommodated in their current job or workplace.

For the purpose of employment equity, do you consider yourself a person with a disability?

No Yes

## Membership in Groups Designated by UBC

While the federal government requires information based on the four designated groups, the University's employment equity statement includes sexual and gender minorities. Therefore, the following questions are being asked:

### 5. Sexual Minorities

For the purposes of this survey, sexual minorities are persons who self-identify as lesbian, gay, bisexual, two-spirited, or an analogous term.

For the purposes of employment equity do you consider yourself a sexual minority?

No Yes

### 6. Gender Identity

For the purposes of this survey, gender identity refers to a person whose gender or self-expression differs from conventional expectations of masculinity or femininity.

For the purposes of employment equity, do you consider yourself trans, transgender, gender-fluid, or an analogous term?

No Yes

## Supplementary Questions

The second part of the survey contains supplementary questions and are not part of the requirements of the Federal Contractors Program. UBC recognizes that groups other than those in the Federal Contractors Program have historically been discriminated against in society in ways that limit their full participation in the workforce. UBC also recognizes that there may be differences within groups that affect their participation in the workplace.

### 7. Race/Ethnicity

The Canadian Census identifies the following categories in its Census of the Population. Please indicate how you self-identify.

This self-identification is not intended as an indication of one's place of origin, citizenship, language or culture and recognizes that there are differences both between and among subgroups of persons of colour. If you are of mixed-descent, please indicate this by checking off all that apply, rather than using the "other" line unless parts of your self-identification do not appear in this list.

Please answer all that apply.

<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Latin American
<input type="checkbox"/> Arab	<input type="checkbox"/> South Asian
<input type="checkbox"/> Black	<input type="checkbox"/> South East Asian
<input type="checkbox"/> Chinese	<input type="checkbox"/> West Asian
<input type="checkbox"/> Filipino	<input type="checkbox"/> White
<input type="checkbox"/> Japanese	<input type="checkbox"/> Other - please specify
<input type="checkbox"/> Korean	

### 8. Accommodation of Persons with Disabilities

The following information is important to understand the type of accommodation measures that may be needed by those employees with disabilities who require accommodation. If you are a person with a disability, please indicate how you categorize your disability. Please check all that apply.

- Physical disability or impairment, for example
  - Coordination/dexterity impairment (e.g., cerebral palsy)
  - Mobility impairment (e.g., need to use a wheelchair or other assistive device)
  - Speech impairment
  - Hearing impairment - hard of hearing
  - Hearing impairment - deaf
  - Visual impairment - partially sighted (excluding those corrected by prescription eyewear)
  - Visual impairment - blind
- Invisible disability impairment, for example
  - Learning disability or comprehension impairment (e.g. dyslexia)
  - Psychiatric/mental illness (e.g., severe depression, addiction)
  - Non-visible physical impairment (e.g., head injury, hemophilia)
  - Developmental impairment (e.g., Down's Syndrome)
- Ongoing medical condition (e.g., epilepsy, diabetes, etc.)

If you checked any of the above boxes on type of disability, do you require any type of workplace support/job accommodation to do your job? For example, changes to physical space, technical aids, adjustments to job duties etc.). Please answer "yes" even if your needs have already been accommodated. No Yes